

TOWN OF GRAFTON
GIC Rate Chart - 1/1/2015 and 7/1/2015

Active / Retiree "Non-Medicare" Health Plan	Plan Type	Ee/Ret. Contrib. %	Cov. Type	January 1, 2015		July 1, 2015		% Change
				Full Premium	Ee/Ret. Contrib	Full Premium	Ee/Ret. Contrib	
Fallon Health Direct Care	HMO	30%	Individual	\$483.21	\$144.96	\$492.89	\$147.87	2.0%
			Family	\$1,159.70	\$347.91	\$1,182.96	\$354.89	2.0%
Fallon Health Select Care	HMO	30%	Individual	\$615.39	\$184.62	\$654.98	\$196.49	6.4%
			Family	\$1,476.92	\$443.08	\$1,571.91	\$471.57	6.4%
Harvard Pilgrim Independence Plan	PPO	35%	Individual	\$686.12	\$240.14	\$749.39	\$262.29	9.2%
			Family	\$1,674.20	\$585.97	\$1,828.49	\$639.97	9.2%
Harvard Pilgrim Primary Choice Plan	HMO	30%	Individual	\$548.89	\$164.67	\$599.51	\$179.85	9.2%
			Family	\$1,339.36	\$401.81	\$1,462.80	\$438.84	9.2%
Health New England	HMO	30%	Individual	\$481.89	\$144.57	\$494.17	\$148.25	2.5%
			Family	\$1,194.71	\$358.41	\$1,225.14	\$367.54	2.5%
NHP Care (<i>Neighborhood Health Plan</i>)	HMO	30%	Individual	\$465.41	\$139.62	\$470.71	\$141.21	1.1%
			Family	\$1,233.34	\$370.00	\$1,247.36	\$374.21	1.1%
Tufts Health Plan Navigator	PPO	35%	Individual	\$619.87	\$216.95	\$659.25	\$230.74	6.4%
			Family	\$1,497.60	\$524.16	\$1,609.60	\$563.36	7.5%
Tufts Health Plan Spirit	HMO-type	30%	Individual	\$500.37	\$150.11	\$501.40	\$150.42	0.2%
			Family	\$1,206.01	\$361.80	\$1,207.85	\$362.36	0.2%
Unicare State Indemnity Plan/Basic w/CIC	Indemnity	45%	Individual	\$936.24	\$421.31	\$974.65	\$438.59	4.1%
			Family	\$2,185.22	\$983.35	\$2,281.72	\$1,026.77	4.4%
Unicare State Indemnity Plan/Basic w/o CIC	Indemnity	45%	Individual	\$893.83	\$402.22	\$932.32	\$419.54	4.3%
			Family	\$2,086.85	\$939.08	\$2,183.55	\$982.60	4.6%
Unicare State Indemnity Plan/Community Choice	PPO-type	35%	Individual	\$456.68	\$159.84	\$472.29	\$165.30	3.4%
			Family	\$1,095.99	\$383.60	\$1,136.29	\$397.70	3.7%
Unicare State Indemnity Plan/PLUS	PPO-type	35%	Individual	\$656.90	\$229.92	\$655.64	\$229.47	-0.2%
			Family	\$1,567.69	\$548.69	\$1,566.91	\$548.42	0.0%

Retiree "Medicare" Plans	Plan Type	Retiree Contrib. %	Cov. Type	January 1, 2015		July 1, 2015		% Change
				Full Premium	Retiree Contrib.	Full Premium	Retiree Contrib.	
Fallon Senior Plan *	HMO	30%	Per Person	\$302.13	\$90.64	\$302.13	\$90.64	0.0%
Harvard Pilgrim Medicare Enhance	Indemnity	45%	Per Person	\$394.79	\$177.66	\$392.24	\$176.51	-0.6%
Health New England MedPlus	HMO	30%	Per Person	\$363.13	\$108.94	\$360.95	\$108.29	-0.6%
Tufts Health Plan Medicare Complement	HMO	30%	Per Person	\$348.39	\$104.52	\$353.91	\$106.17	1.6%
Tufts Health Plan Medicare Preferred *	HMO	30%	Per Person	\$275.60	\$82.68	\$275.60	\$82.68	0.0%
Unicare State Indemnity/Medicare Extension w/CIC	Indemnity	45%	Per Person	\$379.45	\$170.75	\$403.98	\$181.79	6.5%
Unicare State Indemnity/Medicare Extension w/o CIC	Indemnity	45%	Per Person	\$368.63	\$165.88	\$393.47	\$177.06	6.7%

* The Fallon Senior Plan HMO and the Tufts Health Plan Medicare Preferred will renew (*rate change*) on January 1, 2016.